

**PTE GENERAL AND YOUNG LEARNER APPLICATION FORM FOR ACCESS ARRANGEMENTS**

Please return the completed form by closing date for Access Arrangements. Please send the completed form attaching scanned copies of all supporting evidence before registration deadlines to **Unicert, 98-100, Akadimias str., Kaniggos Square, Athens, Postal Code 106 77 tel. +30 210 38 01 129 - 30.**

Requests must be accompanied by appropriate supporting medical documents (where applicable), issued within the previous three years.

| Application Request by level |                          |                          |                          |                          |                          |                          |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Level                        | PTE General              | PTE General              | PTE General              | PTE General              | PTE General              | PTE General              |
|                              | Level A1                 | Level 1                  | Level 2                  | Level 3                  | Level 4                  | Level 5                  |
| Please Tick                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Types of medical evidence attached**

Evidence of handwriting\* (In case of Dyslexia, 2 recent writing texts).....

Translated Medical/Psychological Evidence attached\*.....

Please attach scanned copies of the medical evidence including translations where appropriate.

\*Only certified copies of Medical Record in Greek from a Public Hospital or Social Insurance Agency, and in the case of Dyslexia, reports from Pavlidis Dyslexia Centers, are also accepted.

**Candidate's Data**

|                                      |  |
|--------------------------------------|--|
| First Name                           |  |
| Surname                              |  |
| Father's Name                        |  |
| Gender M/F                           |  |
| Date of Birth                        |  |
| Full Address                         |  |
| Postal Code                          |  |
| Telephone                            |  |
| Mobile                               |  |
| Email                                |  |
| Language School                      |  |
| Exam Centre*                         |  |
| Date of Examination                  |  |
| Reason for Application               |  |
| Special Access Arrangements required |  |

Fill in with capital letters and latin characters according to ELOT and the candidate's I.D.

\*State the code of preference from the list announced on pte.edu.gr but Unicert is to decide upon availability

Please submit this form **every time** you participate in the exams.

**GDPR Statement:** Please it is mandatory to tick  one of the appropriate boxes below.

I undertake a warrant that I, the signatory person,

am personally the subject of the above personal data and the relevant documentation or,

that I am legally entitled, to submit them to Unicert, bearing all legal liability and

I fully consent for every necessary use of them, i.e saving in digital file or hard copy or/and forwarding, to Pearson or any other third party, for the cause of registration and participation to Pearson test of English

Date.....

Signature.....